

QUARTERLY FINANCIAL STATUS REPORT

NAME OF SUB-GRANTEE: _____

Quarter: 1st ____ 2nd ____ 3rd ____ 4th ____

Budget Category	a. Total Approved Budget	b. Expenditures Previously Reported	c. Expenditures This Quarter	d. Unliquidated Obligations	e. Total Expenditures Year To Date
Salaries & Wages					
Benefits					
Postage					
Printing					
Consumable Supplies					
Travel					
Other (Specify)					
Other (Specify)					
Other (specify)					
Other (Specify)					
Other (specify)					

QUARTERLY STATUS REPORT Quarter: 1st ____ 2nd ____ 3rd ____ 4th ____

SUB- GRANTEE NAME: _____ SUB-GRANT# _____

Activities this quarter	Outputs	Outcomes	Accomplishments
1)			
2)			
3)			
4)			
5)			

Issues & Comments:

Progress Report

Virginia Department of Social Services
7 North Eighth Street Richmond, Virginia 23219

Sub-grantee:		Sub-grant Number:	
Project Title:		Date of Report:	
Sub-grant Period:	To:	Final Report? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date Project Completed:		Report Period Ending: 5/15 <input type="checkbox"/> 8/15 <input type="checkbox"/> 11/15 <input type="checkbox"/> 2/15 <input type="checkbox"/>	
Project Manager			

This progress report is required as part of the program reporting requirements of the Department of Social Services. The report should include:

I. Program Activities and Issues

Describe in narrative form the progress of your project during this reporting period. If this is a final report, the report should be cumulative as well.

- A. Make reference to the project work-plan describing any activities relative to the achievement of objectives. Explain any changes in projected activities and work-plan time frames.
- B. Integrate within the narrative an analysis of the evaluation data to support the project outcomes.

II. Quarterly Status Report

Enclosed is a blank Status Report form. As part of this report, you should: (1) Transfer your work-plan Activities, Outputs, and Outcomes to the appropriate columns on the blank quarterly status report form; (2) Fill in the column titled "Accomplishments" by briefly describing the progress made toward implementing each of the various activities during this reporting period; and the outcomes achieved. Progress made on project activities should be supported by any relevant documentation and/or data for performance measures.

Mail an original and one copy of this report, including this Face Sheet, the written narrative, and the Quarterly Status Report to Arlene Kasper at the Department of Social Services, 7 North Eighth Street, Richmond, Virginia 23219.

VDSS Use Only	
TA Required? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
Recommendation:	
Action Taken:	

